



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

**APPLICATION FOR ABANDONMENT OF
ON-SITE SEPTIC SYSTEM/CESSPOOL
For SEWER CONNECTION TIE-IN**

(In accordance with 310 CMR 15.354)

\$100 Fee – check made payable to Town of Foxborough

| | |
|------------------|--|
| BHP-_____ | NO REFUNDS OR TRANSFER OF FUNDS |
| DATE REC'D _____ | <input type="checkbox"/> BOH Inspection Date _____ |
| CHECK# _____ | BOH Approval _____ Date _____ |

Property Owner: _____ Phone #: _____

Owner's Address: _____

Property Address (if different): _____

Installer: _____ Trench #: _____

In accordance with Title 5 Regulations, I acknowledge the following must be completed:

____ A copy of Sewer Connection Permit must be submitted to Board of Health Office.

____ Septic tank/cesspool must be pumped.

____ Documentation of pumping must be submitted to the Board of Health Office.

____ Tank/Cesspool must be excavated and removed from the site OR the bottom must be ruptured after contents have been pumped and completely filled with suitable material approved by BOH.

____ Sketch of the property noting the location of the septic tank/cesspool to be abandoned must be attached to application.

Property Owner's Signature: _____ Date: _____

Installer's Signature: _____ Date: _____

A copy of this approved application must be kept on-site at all times.